

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED DATE
15 NOV 2000

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17	1						67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	30						TOTAL DEP.							
TOTAL CLAIMS	32						TOTAL CLAIMS							